

# Healthcare Information Resource Center

## PRODUCT ORDER FORM

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Sacramento, CA 95814  
(916) 322-2814  
FAX: 324-9242  
EMAIL: [HIRC@oshpd.state.ca.us](mailto:HIRC@oshpd.state.ca.us)

**Your Company Name and Address:**

**Ship To:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip \_\_\_\_\_

ORDER DATE	PAYMENT TERMS	SHIPPED VIA
	<input type="checkbox"/> Credit Card	UPS Ground (included in sale)
	<input type="checkbox"/> Check	UPS Overnight (additional charge)
	<input type="checkbox"/> No COD available	(order deadline-3:00 P.M.)
		Pick-Up

	Product Description	Quantity	Price
1.			
2.			
3.			

**Please choose the applicable items below:**

- ☐ Volume/Letter/Bulletin or Version #: \_\_\_\_\_  
Report Type:  
☐ Complete  
☐ Individual Pages  
☐ Reporting/disclosure cycle (YY)

- ☐ Calendar Year (CCYY)  
☐ Fiscal Year (YYYY)  
☐ 1<sup>st</sup> 6 months (S1YY)  
☐ Qtr (Q?YY) (specify Qtr/YR)

**Note:** Specify fiscal year, facility name, facility location and/or facility number when ordering.